Dynamic Appraisal of Situational Aggression – IV
“From reactive nursing to proactive nursing”

Overview of DASA

The DASA IV (Dynamic Appraisal of Situational Aggression – Inpatient Version) is a tool that was developed following extensive research in Australia in forensic settings. The tool which consists of seven items is scored on a daily basis and it allows nursing staff to rate patients in terms of support that may be required. Patients who score high on the DASA IV scale will require increased input over the next twenty four hours to reduce potential for serious incidents of violence.

How we came to implement the DASA

Background

The Health Foundation believes that the health service needs to shift from focusing on past harm to taking a proactive approach that involves understanding and managing what could go wrong in the future. To support better understanding of this view, The Health Foundation announced an 18 month programme to address the question “How safe is our care” through the testing and developing of the ‘Framework for Measuring and Monitoring Safety’ as developed by Charles Vincent, Jane Carthey and Susan Burnett in August 2013.

Impact of DASA

A team at the Trust applied the measuring and monitoring of safety framework at ward level, where V&A was highlighted through data. This led to a better understanding and use of the data in beginning V&A. “We started off with a few ideas of what we wanted to do, to start on V&A. This framework helped us to know how we needed to focus on anticipation and preparedness. We began looking at what days and times our worst incidents occurred. We began looking at our environment understanding why incidents occurred at particular times provided a picture of how reliable the tool was for use in other wards.”

What we learnt

The framework allowed us to think more proactively, particularly with regard to anticipation and preparedness. The framework provided structure to safety conversations within the ward, such as during clinical decision making. Another frontline staff said that the framework “helped us to understand the details of safety and then to have those conversations.”

Important features

1. Focused our efforts to arrange a team of interested individuals to take the framework forward.
2. We developed a data and analysis incident that had been done and was in the right place and timing for the tool to be used.
3. Identifying a violence risk prediction tool, using it, testing it, showing a significant reduction in restraints, making an electronic version of the tool and embedding in daily ward practice.
4. The use of Dealing with a V&A incident, if any.
5. Provided feedback to senior managers and a nurse with a new set of tools for roll-out of use of the risk prediction tool in the ward.

The most significant and measurable results

- A 7% reduction of all incidents on the three pilot wards
- Over 80% of staff that used the risk assessment tool were positive about its application on the ward
- Reductions by 4% in the use of restraints on the three pilot wards
- The level of 77% of the incidents were more proactive
- Electronic version of the risk assessment tool was implemented via a handheld device and information was captured directly in clinical records
- Fewer and shorter seizures for individual patients could be identified by nurses during ward team meetings.

Outcomes Achieved

The most significant achievement was the risk assessment tool itself. We used a training day for all staff on a threave ward basis and used it to understand what interventions were required and the appropriate balance of intervention and support.

Value

- A framework for measuring and monitoring V&A was used and the V&A was reduced by 7%
- The tool was used weekly on the ward and was useful in identifying staff who were low risk patients.
- The tool was used to identify interventions and to inform decision making for some of our most complex patients
- The framework allowed us to think more proactively

Next Steps

The aim of the project is to continuously improve safety on mental health wards by using a validated structured risk assessment tool to predict violence and reduce all incidents, thereby improving safety.

- Identify and embed the use of a structured violence prediction tool into daily discussions for nurses and at weekly clinical team meetings.
- Experience a reduction in the use of physical restraint (at 44% reduction) with high dependency wards.
- Mersey Care NHS Foundation Trust has embedded the use of DASA IV as part of a larger, trust wide campaign and utilised a ward experience questionnaire (Chaplin et al, 2006). This created a motivation within our ward environment as staff to think of their own reasons why certain days/times/areas were worse than others regarding aggressive incidents.

About the Trainer

- The researchers from Liverpool University, IT consultants and staff nurses and nursing assistants who have been involved in the project.
- They were involved in the tool implementation and the training of staff to use the tool.
- They have been involved in the project from the beginning and have been part of the research team.

Local Context

“...The framework allowed us to think more proactively...”